

Discussion.—The PRESIDENT asked whether Dr. MacCormac considered that this type of tongue was always the result of a combination of the two factors syphilis and smoking. His own idea had been that it could be caused by syphilis alone; he had seen a worse tongue in a woman who had not smoked at all. With regard to the so-called "smokers' patches" in the buccal mucous membrane, he thought these could occur independently of syphilis.

Dr. H. MACCORMAC (in reply) said he thought this condition was a product of the two factors he had mentioned, and that view was shared by Darier and others. Leucoplakia was so common in male syphilitics that he considered it almost as useful as the Wassermann test in old-standing disease.

Chrysanthemum Dermatitis.—H. MACCORMAC, C.B.E., M.D.

The patient, a woman aged 26 years, first observed an eruption on the face 12 years ago; this has recurred annually, with the exception of one year when she changed her occupation from that of a country domestic to that of a shop assistant in a town. The hands have never been affected. When first seen at the out-patient department her face was markedly swollen and oedematous. The appearance of the eruption and the history pointed to some external agent, probably chrysanthemums, with which it was found she had been in contact. She was admitted into hospital, and when the condition had subsided, chrysanthemum petals were rubbed into the skin on one side of the face, and chrysanthemum leaves on the other. The result was a return of the eruption in acute form on the next day. Later, some of the actual plants from the house in which she was employed were obtained and these were applied to the scapular region on the right side with a pronounced flare up on the face and slight dermatitis of the shoulder.

Examples of chrysanthemum dermatitis are rare. E. Hoffman [1] reported one in 1904, and recently another case has been recorded by G. S. Nightingale [2] in a market gardener. One other case has come under my observation in a hospital nurse who every autumn for several years developed a rash about her mouth and nose. It was ascertained that she was in the habit of smelling chrysanthemums and when this was discontinued the eruption disappeared. She was unwilling to allow a test of the effects of the plant on her face, but on the arms where the leaves and flowers were applied the result was negative. The sensitiveness of the skin would therefore appear to have been local.

Graduated injections of the essential oils which exist in the leaves in proportions varying from 0.01 to 0.1% were first considered as a method of desensitizing the patient in this case. Later a simpler method was devised, viz., rubbing the plant into the skin through measured areas cut in scale in stiff paper. An increasing dose of the antigen can thus be accurately given. For this purpose the thigh has been selected, where the reaction has not been unduly severe.

References.—[1] E. HOFFMAN: *Muench. med. Woch.*, 1904, li, 1966. [2] G. S. NIGHTINGALE, *Lancet*, 1931, (i), 1132.

THE PRESIDENT said he had himself seen two instances of chrysanthemum dermatitis. Both were in florists, and the patients themselves knew what was responsible for the condition.

CORRIGENDUM.

Widespread Superficial Lupus Erythematosus.—LOUIS FORMAN, M.D., for H. W. BARBER, M.B. *Proceedings*, 1931, xxv, 218 (Sect. Derm. 8).

Lines 27 to 31 should read as follows:—

"In 25 cases of chronic fixed lupus erythematosus, 42% gave a strong positive